									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003										07	3 -	5210)
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF				OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			\mathcal{M}	2				RATE	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.(375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 22			X\$ 9	=	14810	OR	X\$18=	
INDEPENDENT CLAIMS			g minus 3 =		. 3					1960	1 1	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT						_	7.0.07.0	OR	+280=	
* If	the difference	in column 1 is	ero, enter	"0" in c	olumn 2	. [TOTA	_		OR	TOTAL		
CLAIMS AS AMENDED - PART II 10-7-0									- 1		1	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	3) SMALL ENT			ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	; :	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	· 35	Minus	# 4	<u>ڪ</u>		X	X\$ 9:	=		OR	X\$18=	
	Independent	* 6	<u> </u>		<u> </u>		X42		3		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT O						! [+140:	=		OR	+280=	
									AL EE		OR	TOTAL ADDIT, FEE	
		(Column 1) (Column 2) (Column 3						ADDIT. F	re I			ADDII. 1 CE.	
AMENDMENT B	CLAIMS REMAINING		HIGH		EST		7 r			ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=	=	,	OR	X\$18=	
	Independent	*	Minus			=]	X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDENT	CLAIM] [+140=	_		OR	+280=	
	70711											TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											1	ADDII. PEEL	
		CLAIMS		HIGH	EST		1 г		_	ADDI-	4		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	:	NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9=	.		OR.	X\$18=	
	Independent	•	Minus	***]	X42=	1		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
		mber Previously Pa ther Previously Pai					er foui	nd in the	app	ropriate box	in cot	umn 1.	